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BIBDATASHEET**CONFIRMATION NO. 7559**

Bib Data Sheet

SERIAL NUMBER 10/085,317	FILING DATE 02/28/2002 RULE	CLASS 379	GROUP ART UNIT 2642	ATTORNEY DOCKET NO. 2002P01701US
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 ** CONTINUING DATA ***** *N/A* *B²*

 ** FOREIGN APPLICATIONS ***** *N/A* *B²*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/27/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>B²</i>	Initials		

ADDRESS

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TITLE

Carrier identification codes (CIC) transport

FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____